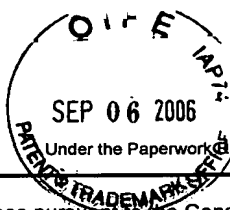


SEP 06 2006



PTO/SB/17 (01-06)(modified)  
Approved for use through 07/31/2006, OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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AP 21W

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/712,874
		Filing Date	November 12, 2003
		First Named Inventor	Tanaka et al.
		Examiner Name	Jacques M. Saint Surin
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2856
TOTAL AMOUNT OF PAYMENT	(\$ ) No Fee	Attorney Docket No.	ELG061-US

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account   Deposit Account Number: 18-0560   Deposit Account Name: Tyco Electronics Corporation  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee  
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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	_____	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	_____

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	_____ (round up to a whole number) x _____	= _____	_____

**4. Other Fee(s)**

Extension fee No Extension Fee

Other: \_\_\_\_\_

\_\_\_\_\_ **Fees Paid (\$)**  
N/A

**SUBMITTED BY**

Signature	<u>Marguerite E. Gerstner</u>	Registration No. (Attorney/Agent)	32,695	Telephone	650-361-2483
Name (Print/Type)	Marguerite E. Gerstner			Date	August 30, 2006

**Certificate of Mailing (37 CFR 1.8)**

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Marguerite E. Gerstner

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PATENT APPLICATION  
ELG061-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of ) Group Art Unit: 2856  
TANAKA ET AL. )  
Application No. 10/712,874 ) Examiner: Jacques M. Saint Surin  
Filed: November 12, 2003 )  
For: ACOUSTIC WAVE TOUCH DETECTING ) TYCO ELECTRONICS CORPORATION  
APPARATUS ) 307 Constitution Drive  
August 30, 2006 ) Menlo Park, CA 94025  
)

REPLY

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is filed in reply to the Office Action mailed May 30, 2006, which is a final rejection. Please charge any necessary fees or deficiencies or credit any overpayments to Deposit Account No. 18-0560. Reconsideration, re-examination, and allowance are respectfully requested in view of the Amendments and Remarks below.

Amendments to the Claims are reflected in the listing of claims which begins on page 2. Remarks begin on page 4.

CERTIFICATE OF MAILING UNDER 37 CFR §1.8

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Signature: Marquerite E. Gerstner

Date: August 30, 2006